

**RECEIVED**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO**

**AUG 11 2021**

**RICHARD W. NAGEL, CLERK OF COURT  
COLUMBUS, OHIO**

Devon Thomas Lee Marion

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 775453

vs.

Ohio State Highway Patrol O.S.H.P

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

Michael Williams

2 2 1 C V 4 1 5 3

Judge Watson

MAGISTRATE JUDGE DEAVIER

**COMPLAINT**

**I. PARTIES TO THE ACTION:**

**PLAINTIFF:** PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Devon Thomas Lee Marion

NAME - FULL NAME PLEASE - PRINT

15708 McConnelsville Rd.

ADDRESS: STREET, CITY, STATE AND ZIP CODE

Caldwell Ohio 43724

513 433 4953

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

**PREVIOUS LAWSUITS:**

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES ( ) NO ☒
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

**1. PARTIES TO THIS PREVIOUS LAWSUIT**

**PLAINTIFFS:**

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**DEFENDANTS:**

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2. COURT (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY)

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3. DOCKET NUMBER

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4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

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5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

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6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

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7. APPROXIMATE DATE OF THE DISPOSITION

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PLACE OF PRESENT CONFINEMENT

- A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ☒ NO ☐
- B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES ☐ NO ☒

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

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2. WHAT WAS THE RESULT?

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D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

*This Complaint ~~Does~~ Does Not Have  
anything to Do with Being Incarcerated*

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES ☐ NO ☐

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

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2. WHAT WAS THE RESULT?

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PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. O.S.H.P. Ohio State Highway Patrol,  
NAMES - FULL NAME PLEASE

1970 W. Broad St. Columbus Ohio 43223  
ADDRESS - STREET, CITY, STATE AND ZIP CODE

2. Michael Williams

(Work Address) 4751 Hamilton-Middletown rd. Liberty township Ohio  
45011

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

## STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

ON Aug 18<sup>th</sup> 2019 I Was Driving Home ON Oxford State road IN Middletown Ohio when a Ohio State Patrol officer attempted To Pull me over For speeding. I Attempted to run as He gave Pursuit I Wrecked my car on Lafayette Ave in Middletown. I then Fled on Foot, ~~with~~ the officer then gave chase. He Attempted To take me But Missed. I Tried running up Someones Driveway ON the corner of Lafayette Ave and Trine. I Could proceed No Farther Because of a 12 Foot Fence. So I turned around and Saw The Ohio State Trooper at the Bottom of the Driveway. I Then Tried To run past Him But as soon as I Got Close He Fired at Point Blank Range into my Stomach I tried To then grab Him To stay up as my legs gave out He Shot me again in my left Arm. & using the Force to make me Fall to the Ground. I then Bled out and awoke around two weeks later at Main Valley Hospital in Dayton Ohio.

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I Am Filing this Complaint upon the Ohio State Troopers Because I was unarmed and the officer used Deadly Force When It Was Not Due. I Would Like the Court To order reparations For all my Medical Issues; Trauma caused By ~~the~~ the Use of Deadly Force When It Was Not Due. I Want the Court To order reparations in the Amount of ~~50~~ Million Dollars To pay For Medical Bills and relief ~~for~~ I would like a Jury trial To Determine everything For emotional Trauma, Psychological Trauma, Future Medical, Emotional, and Psychological Considerations.

SIGNED THIS 28<sup>th</sup> DAY OF July 2021.

  
SIGNATURE OF PLAINTIFF